

JC986 U.S. PTO

CASE PP/1-21480/A/CONT 2

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL 80355857705  
"Express Mail" label mailing number

2/28/02  
Date of Deposit

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10/085221  
02/28/02

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

**Box Patent Application**

Sir:

Transmitted herewith for filing is the patent application of  
Inventor(s): **François Gugumus**

For: **STABILIZER MIXTURE**

Enclosed are:

- ☒ 108 pages of specification including claims
  - ☒ 1 page(s) of abstract
  - ☒ Declaration and Power of Attorney (copy) (For continuations/divisionals)
  - ☒ Preliminary Amendment
  - ☒ This application is a continuation of  
prior application No. 09/811,960 filed 3/19/01.
  - ☒ The entire disclosure of the prior application, from which a copy of the declaration is  
supplied, is considered to be part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.
  - ☒ Amend the specification by inserting before the first line:  
--This is a continuation of application 09/811,960 filed 3/19/01, now pending, which is  
continuation of application 09/211,197 filed 12/14/98, now abandoned.—
- 
- ☒ Priority of application No(s). 97811018.7 filed on 12/23/97 respectively; in  
**Europe (designating Germany)** is claimed under 35 U.S.C. 119.  
A certified copy of each priority document is  
☒ of record in application No. 09/211,197 filed 12/14/98.

☒ Prior to calculating the fees, kindly consider the attached Preliminary Amendment.


Filing Fee Calculation:

Basic Fee							\$740.00
Multiple Dependent Claims (\$280)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	15	-20	0		\$18	=
	INDEPENDENT CLAIMS	3	-3	0		\$84	=
					TOTAL FILING FEE		\$740.00

Please charge Deposit Account No. 03-1935 in the amount of **\$740.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,

  
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